Consent and Capacity Board

Annual Report 2015-2016

(Fiscal Period – April 1, 2015 to March 31, 2016)

Ontario

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Chair's Message

I am pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2015/2016.

In my first year as Chair, the Board faced significant challenges impacting the nature of its work, membership and jurisdiction. Once again application and hearing numbers steadily increased throughout the Province. The need for more adjudicators to meet the increased hearing demand together with membership losses due to adjudicator term limits created significant pressures on a part time membership. Further, amendments to the *Mental Health Act* (*MHA*) broadening Board jurisdiction impacted the complexity of matters.

In response, the Board initiated a significant, province-wide membership recruitment resulting in numerous appointments throughout the Province. Multiple training programs occurred to provide initial education and mentoring for new members. At the same time, full Board training was conducted on the *MHA* amendments.

Once again the CCB continues to meet its legislated requirements regarding scheduling hearings within seven days of receipt of an application, releasing decisions by the end of the day following the hearing and issuing written reasons within four business days.

I acknowledge and thank CCB staff for the delivery of efficient, timely and fair customer service. Staff members work tirelessly to ensure that the Board's mandate and legal requirements are met.

I acknowledge and thank CCB members for the dedication, professionalism, compassion and fairness they demonstrate in the fulfillment of their duties. The decisions they reach have real, serious and lasting effects on the most vulnerable in our society.

Marg Creal
Chair

Mission, Mandate and Jurisdiction

Mission

To provide fair, timely, effective and respectful hearings that balance legal, medical and healthcare considerations while protecting individual rights and ensuring the safety of the community.

Mandate

The CCB is an independent administrative tribunal with a mandate to adjudicate on matters of capacity, consent, civil commital, substitute decision making, disclosure of personal health information and mandatory blood testing.

Jurisdiction of the CCB

The CCB is responsible for holding hearings and for making decisions on matters in which the least restrictive, least onerous and least intrusive decisions are made to:

1) maintain the safety of the individual
2) protect the safety of the community
3) maintain the dignity and autonomy of the individual

The CCB's authority to hold hearings arises under the following legislation:

Health Care Consent Act

- Review of a finding of incapacity to consent to treatment, admission to a care facility or a personal assistance service;
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service;
- Giving directions on issues of treatment, admission to care facilities and personal assistance services;
- Consideration of a request for authority to depart from prior capable wishes of an incapable person;
- Review of a decision to consent to an admission to a hospital, psychiatric facility or other health facility for the purposes of receiving treatment;
- Review of a substitute decision-maker's compliance with the rules for substitute decision-making; and

- Consideration of a request to amend or terminate the appointment of a representative.

Mental Health Act

- Review of involuntary status for a patient subject to a certificate of involuntary status, renewal of involuntary status or continuation of involuntary status
- Consideration of a request to order, vary or cancel specific conditions for an involuntary patient
- Review of a finding of incapacity to manage property;
- Review of whether a young person (aged 12 - 15) requires observation, care and treatment in a psychiatric facility; and
- Review of a Community Treatment Order.

Substitute Decisions Act

- Review of a finding of incapacity to manage property.

Personal Health Information Protection Act

- Review of a finding of incapacity to consent to the collection, use or disclosure of personal health information;
- Review of a substitute decision maker's compliance with the rules for substitute decision-making; and
- Consideration of the appointment of a representative to consent to the collection, use or disclosure of personal health information on behalf of an incapable person.

Mandatory Blood Testing Act

- If an individual has come into contact with another person's bodily fluid, the individual can apply to the Medical Officer of Health to have a blood sample of the other person analyzed for HIV, Hepatitis B & C.

- If the Medical Officer of Health cannot obtain a voluntary blood sample or cannot locate the individual the Medical Officer of Health shall refer the application to the Board.

- The Board will decide whether the individual should be ordered to provide a blood sample.

Over 90% of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility or the criteria to issue a community treatment order, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment.

The CCB meets its legislative obligations by:

- scheduling hearings within the required timeline

- issuing decisions and reasons within the required timelines

- adjudicating consistently and in a timely fashion

- issuing high-quality Decisions and Reasons for Decision, and

- creating an environment of respect for the adjudicative process, the parties and the public.

Organization

The CCB is an independent adjudicative Board created under the *Health Care Consent Act* with jurisdiction under that Act, the *Mental Health Act*, the *Substitute Decisions Act*, the *Personal Health Information Proctection Act* and the *Mandatory Blood Testing Act*.

The CCB had 146 members, as of March 31, 2016. In addition to the full-time Chair, part-time CCB members include 4 Lawyer Vice-Chairs, 2 Psychiatrist Vice-Chairs, 3 Public member Vice-Chairs 49 Lawyers, 50 Psychiatrists, and 37 Public members. Members of the Board are appointed by Order-in-Council, for a term of one to five years. The CCB has a staff of 15 public servants who support the work of the CCB and its members. Staff, including administrative, scheduling and legal staff, are responsible for functions such as: scheduling hearings, creating appeal records, managing hardcopy files, financial payment and processing, executive support to the Chair, coordinating member recommendations and appointments, organizing staff and member training, liaising with stakeholders, answering public inquiries, providing hearing support to panels, strategic planning, providing legal advice to the Chair and the Board, monitoring and ensuring compliance with legislation and government directives and policies.

As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry of Health and Long-Term Care while receiving administrative services and support through the Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair and the Minister of Health and Long-Term Care.

Performance Measures

Performance measures for the CCB regarding the scheduling of hearings, the issuance of decisions and written reasons are established by the *Health Care Consent Act, 1996,* Section 75 and are as follows:

1. The hearing shall begin within seven days after the day the Board receives the application, unless all parties agree to a postponement.

2. The Board shall render its decision and provide a copy of the decision to each party or the person who represented the party within one day after the day the hearing ends.

3. If within 30 days after the day the hearing ends, the Board receives a request from any of the parties for reasons for its decision, the Board shall, within four business days after the day the request is received,

   (a) issue written reasons for its decision; and

   (b) provide a copy of the reasons to each person who received a copy of the decision

The CCB consistently achieves these legislative requirements through its operational performance.

Hearings are conducted at up to 250 venues throughout the province, including hospitals, long-term care facilities and community locations. Due to the nature of the majority of the applications before the Board, most hearings are held in Schedule 1 psychiatric facilities.

The CCB makes decisions with potentially serious consequences for individuals and for the community, such as detention in a psychiatric facility. The CCB adjudicates matters where both the medical and legal systems are engaged to provide treatment and protect individual rights. In addition, the CCB's legislation requires that it hold a hearing within seven days of the receipt of an application issue decisions within one day of the conclusion of the hearing and issue written reasons within four business days when requested within 30 days after the day a hearing ends.

Given these performance measures, the CCB strives to ensure that its administrative and operational processes are consistent in achieving these goals.

The Board must ensure:

- members receive ongoing educational and training opportunities to maintain their expertise in this highly-specialized adjudicative environment;

- staff is highly trained and engaged and has the resources available to effectively and efficiently schedule hearings;
- it is providing informative and accessible educational information to stakeholders and parties;
- administrative processes support the achievement of the Board's mandate and deliverables

2015/2016 Accomplishments

Stakeholder Consultation, Outreach and Education

1. In 2015/2016 the CCB met with numerous organizations and participated in discussions of mutual interest. The organizations included the Ministry of Health and Long Term Care, Legal Aid Ontario, the Psychiatric Patient Advocate Office and the Ontario Law Reform Commission.

2. The CCB met with stakeholder groups in various communities and discussed Board regional and systemic issues.

3. The CCB continued its public information program in response to requests to educate parties to Board hearings, counsel and stakeholders about the roles and responsibilities of the CCB, its processes and associated implications for healthcare professionals and individuals. These presentations are designed to assist persons who appear before the Board to communicate with Board personnel, effectively prepare for and participate in CCB hearings. This Board initiative promotes good relations with the Board and high quality hearings. In 2015/2016 21 programs were delivered to stakeholders including capacity assessors (Office of the Public Guardian and Trustee Capacity Assessment Office), capacity evaluators (Community Care Access Centre), health practitioners, lawyers and other stakeholders.

Effective Hearing Management

1. In response to an increasing caseload and with the addition of amendments to the *Mental Health Act* added complexity to hearings in relation to long-term detention, the CCB initiated a case conferencing process to those matters to manage the identification of applications to be brought, legal issues and the parties to the hearing.

Recruitment, Training, Continuing Education and Quality Assurance

1. In 2015/2016 the CCB conducted province wide and specific region category targeted recruitment competitions for Lawyer, Psychiatric and Public Members. Recruitment, merit-based interview and recommendation of new members were conducted in accordance with the requirements of the *Adjudicative Tribunal Accountability Governance and Appointments Act*. In 2015/2016 33 new members were appointed to the CCB, 18 lawyer, 9 psychiatrist and 6 public members.

2. The CCB conducted its new member training program which includes hearing observation, classroom training and participation on hearing panels with experienced member mentors. In 2015/2016 two classroom training sessions were offered in addition to individualized sessions.

3. Amendments to the *Mental Health Act* were proclaimed in force in December 2015 necessitating training for all members on the new provisions of the Act which increased the legal complexity of mandatory hearings in relation to long term detainees under the Act and created broader powers for the CCB. Five half-day training sessions were offered to all members.

4. The CCB continued to assess the performance of members through an enhanced Board Performance Evaluation Program. This Program monitors the quality of adjudication and ensures accountability. The Program requires the evaluation of each member once during the term of his/her Order-in-Council appointment.

Scheduling, Finance and Administration:

1. The Board continues to convene hearings using videoconference technology. Videoconferencing enhances the Board's ability to provide effective service to parties throughout the province, while efficiently managing public resources. Videoconference hearings have gained wide acceptance among Board stakeholders and members alike.

   In 2010/2011, the first full calendar year after joining OTN, the Board scheduled seven remote hearings by videoconference. This represented 0.2% of all hearings that year. In 2014/2015 videoconference was used for approximately 530 hearings, or 15% of total hearings. In 2015/2016 the Board more than doubled that number, scheduling over 1200 hearings, or over 30% of total hearings, using videoconference.

   Videoconference technology has become a mainstream scheduling tool and has enabled the Board to meet its mandate while continuing to manage increasing caseload. As use of videoconference continues to expand, the Board remains responsive to feedback from internal and external stakeholders and efforts are always underway to both streamline and enhance the experience for parties, adjudicators, facilities and Board staff.

2. During 2015/2016 the Board continued with its green transformation, successfully completed the transition from paper based faxing to electronic platforms eliminating all hardcopy incoming and outgoing faxing for staff. The Board also promoted the use of email over regular mail and courier and eliminated printing of all but essential case documents. Many hardcopy reference materials for staff were also eliminated, and were instead made

available on shared drives or within our electronic case management system. The Board has also begun to transition members to electronic faxing, and has switched to by-request-only provision of some adjudicator resources which would have been previously automatically printed and shipped to all members. As a result of these green efforts the Board estimates paper use reduction of approximately 115,000 pages per year in 2015/2016. That's the equivalent of nearly 14 trees, 63,000 litres of water and 1,800 kwh of energy. These changes also mean less physical space required for on-site storage and fewer consumables and emissions associated with transport to archival storage or shipment to parties, stakeholders and adjudicators.

3. Administrative staff provided support to an expanded member recruitment and training program through the coordination of 129 member interviews, nearly four times the number conducted in the previous year. Administrative support was provided to three new member and five *MHA* amendment training sessions involving over 100 members.

Board Members' Training and Professional Development

Member training is a priority for the CCB. CCB members are required to perform at the highest level of skill to ensure that the correct decision is made, and proper procedures are followed.

The CCB has a comprehensive training program for new and existing members which includes a new member education session, a mentoring program, a performance evaluation program and annual training sessions. The extensive training provided to members ensures the Board has well-trained and qualified adjudicators.

New Member Education

The Board provided new member training to 20 new members in 2015/2016. This training consisted of a two day session to provide an overview of role of the member, and the legislation, rules and policies that are relevant to the work of the Board. New members were also paired with an experienced mentor who participated in training panels with them and provided advice and guidance during the training period.

Mental Health Act Amendment Training

In response to changes to the *Mental Health Act* which expanded the Board's jurisdiction with respect to long stay patients, 91 members were trained between December 2015 and March 2016 to adjudicate matters falling under the amended sections. Training to the remaining and new members continued into 2016/2017.

Annual Education for Existing Members

The Board holds an annual education session, which provides educational and training opportunities for all members. This session provides an opportunity for members to share knowledge and best practices with their colleagues throughout the province and assists the Board in ensuring that members have the benefit of topical and educational information available to assist them in their roles. This year's session was held in October 2015 and focused on issues impacting the aging population as relates to matters coming before the Board.

Legal

The Ontario legislature enacted several significant amendments to the *Mental Health Act* ("*MHA*' or the "Act") on December 21, 2015 through the passing of the *Mental Health Statute Law Amendment Act, 2015*. The amendments were made in response to the Ontario Court of Appeal's December 23, 2014 decision in *P.S. v. Ontario*, 2014 ONCA 900 (a decision which was noted in the CCB's 2014/2015 Annual Report). In brief, the Court of Appeal's decision in *P.S. v. Ontario* held that a review of the rights of long stay involuntary patients under the *MHA* must have a process to ensure that their liberty is minimally restricted in light of the potential risk to others. As the CCB did not have these types of powers under the Act, the Court of Appeal held that a portion of the *MHA* violated section 7 of the *Charter of Rights and Freedoms*. The Court also determined that the appellant's equality rights under section 15 of the *Charter* were violated. The Court of Appeal's decision was a confirmation of the serious liberty and autonomy rights involved in the rights of long stay involuntary patients. It further served as a clear recognition of the Consent and Capacity Board's critical role in reviewing these applications.

The Ontario legislature's enactment of the *Mental Health Statute Law Amendment Act, 2015* was a response to the *P.S. v. Ontario*, 2014 ONCA 900 Decision.

Background: *Mental Health Act*

The *Mental Health Act* permits renewals of a patient's involuntary status. Upon each renewal, the Act entitles the patient to apply to review their involuntary status before the CCB. The *MHA* also requires a mandatory review of a patient's involuntary status after a requisite number of renewals. Prior to the enactment of the *Mental Health Statute Law Amendment Act, 2015*, the CCB did not have the statutory power to make orders with respect to a patient's residual liberties, such as privileges on the ward, community access, leaves of absence, or access to vocational, recreational or translation services. As a result of legislature's enactment of the *Mental Health Statute Law Amendment Act, 2015*, the scope of the Board's powers under the *MHA* has now broadened.

Key Amendments to the *Mental Health Act* include the following:

Certificate of Continuation

- The amendments make it possible to detain an involuntary patient for more than six months on a new form, a certificate of continuation (Form 4A).
- A certificate of continuation is completed after the expiry of a patient's third certificate of renewal.
- This certificate (Form 4A) would allow a long-term involuntary patient to be detained for a three month period similar to the current Form 4 in the *MHA*.

- Subsequent certificates of continuation would allow a patient to be detained for further three month periods if the patient continues to meet the criteria for an involuntary patient under the *MHA*.

New Powers for the CCB

- The amendments provide additional rights to long-term involuntary patients by empowering the CCB to make certain specified orders respecting the conditions of a patient's detention.
- The amendments would limit the CCB to making only one or more of the orders listed in s. 41.1 (2) of the *MHA* when it confirms a long-term involuntary patient's certificate of continuation:
    1. Transfer a patient to another psychiatric facility, but only if the patient does not object
    2. Place the patient on a leave of absence on the advice of a physician
    3. Direct the officer in charge to provide different security levels or different privileges within or outside the psychiatric facility
    4. Direct the officer in charge to provide supervised or unsupervised access to the community
    5. Direct the officer in charge to provide vocational, interpretation or rehabilitative services
- When making an order under s. 41.1 (2), the CCB must take into account several factors which are set out in s. 41.1(3) of the *MHA*:
- The safety of the public;
- The ability of the psychiatric facility or facilities to manage and provide care for the patient and others;
- The mental condition of the patient;
- The reintegration of the patient into society;
- The other needs of the patient;
- That any limitations on the patient's liberty be the least restrictive commensurate with the circumstances requiring the patient's involuntary detention.

Other new powers for the CCB are listed within s.41.1 of the *MHA* and include the ability to make new orders on the Board's own motion. The CCB now also has the power to vary or cancel an Order, in certain circumstances, under s.41.2 of the *MHA*.

Composition of the CCB

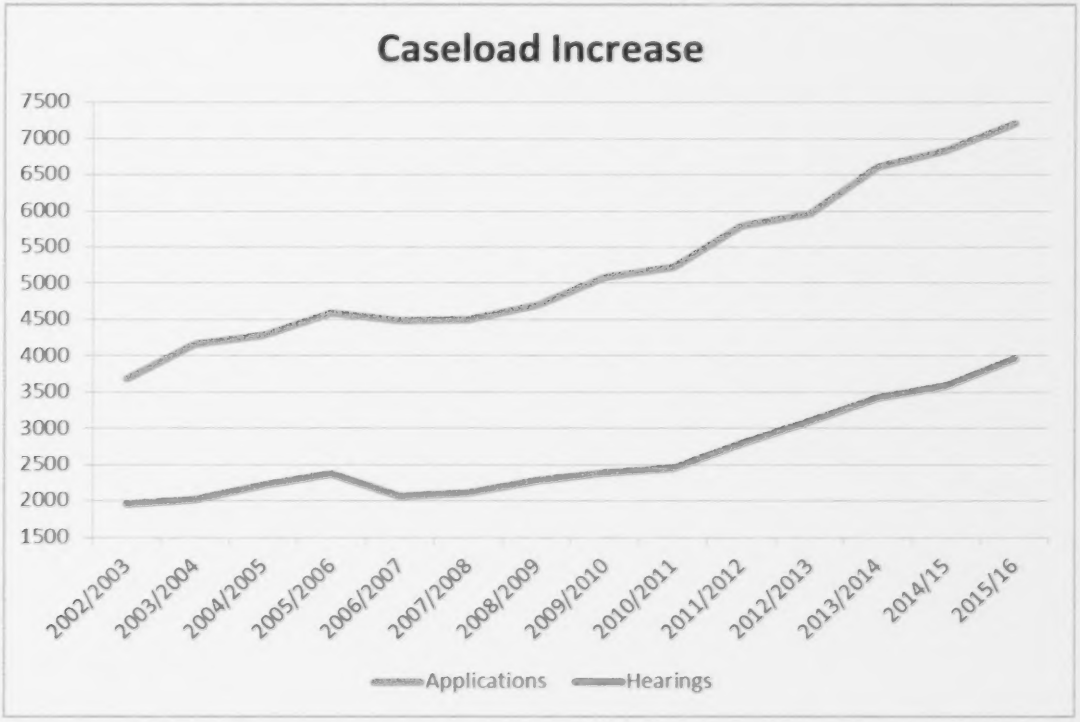
- The new amendments to the *MHA* also permit physicians and Nurse Practitioners to sit on CCB panels.
- There is now regulation making authority to add additional persons (e.g. health professionals) by regulation.
- However, this amendment does not apply to certificate of continuation hearings or to the new orders hearings before the CCB. A panel must contain a psychiatrist member for these cases.

Case Management

Caseload Increase

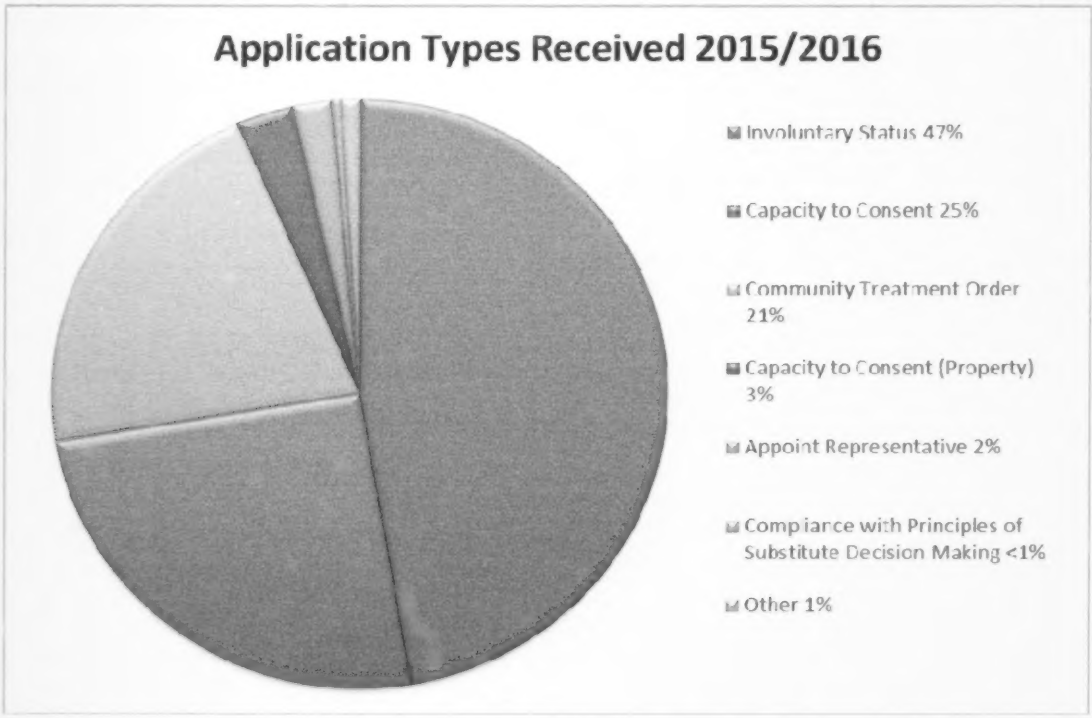
The CCB has no control over the number of applications it receives or the number of hearings that it is required to schedule and convene in any given year. Caseloads have been steadily increasing since the consolidation of regional operations to a centralized office in 2002/2003, and the increases have been greater in recent years. In the five years following centralization applications increased on average 4.2% per year and hearings increased on average 2% annually. However in the past five years applications have increased on average 6.5% annually and hearings have increased on average 10.5% annually

For the 2015/2016 fiscal year application receipts climbed to just over 7200 and almost 4000 hearings were convened province wide. This is a 96% increase in applications and a 103% increase in hearings since centralization.



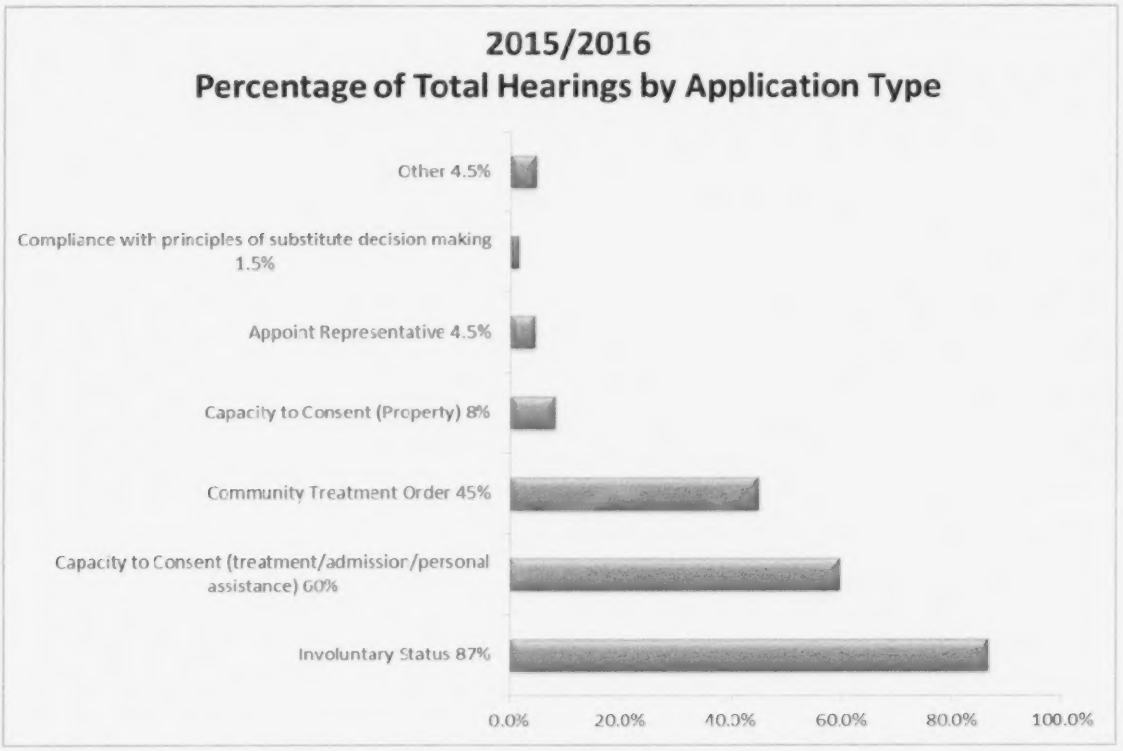
Applications to the Board

In 2015/2016 a total of 7209 applications were received by the Board. Three types made up the majority of the applications submitted to the Board: 47% related to a review of involuntary status, 25% related to a review of a finding of incapacity with respect to treatment, admission or personal assistance and 21% related to a review of a Community Treatment Order.


Application Types Received 2015/2016
Involuntary Status 47%
Capacity to Consent 25%
Community Treatment Order 21%
Capacity to Consent (Property) 3%
Appoint Representative 2%
Compliance with Principles of Substitute Decision Making <1%
Other 1%

Applications Reviewed at Hearings

In 2015/2016 a total of 3964 hearings were convened by the Board. The majority of hearings involved a review of three types of applications: 87% of all hearings involved an application with respect to involuntary status, 60% involved an application with respect to a finding of incapacity with respect to treatment, admission or personal assistance and 45% involved an application with respect to a Community Treatment Order. Note that the total is greater than 100% because more than one application may be reviewed at a single hearing.



Appeals

A party to a proceeding before the CCB has the right to appeal the CCB's decision to Ontario's Superior Court of Justice within seven days after receipt of the CCB's decision. The CCB is responsible for preparing the record of proceedings and ordering the transcripts for the hearing in question. These documents are then served on the parties and filed with the court.

The following are the number of appeals received by the CCB and their outcomes at the Court level. The appeal information is based on calendar year and not the fiscal year.

YEAR	WITHDRAWN/ ABANDONED	DISMISSED	ALLOWED	NO INFORMATION/ OPEN CASES	ADMINISTRATIVELY CLOSED BY CCB	TOTAL
2003	26	9	2	7	12	56
2004	17	6	1	9	4	37
2005	21	11	3	10	4	49
2006	25	16	0	7	2	50
2007	27	16	0	12	5	60
2008	18	16	0	10	0	44
2009	14	9	3	15	5	46
2010	27	19	1	1	10	58
2011	30	20	2	4	7	63
2012	21	14	2	10	2	49
2013	24	18	0	17	3	62
2014	18	19	3	18	8	66
2015	28	25	6	32	4	95

Note: Appeal outcomes may not correspond to the calendar year the appeal was initially filed.

Finance

The financial unit exercises prudent fiscal controllership by ensuring all member claims and vendor invoices adhere to Board and government guidelines and directives.

Historically the Board's budgetary allocation has been both static and less than the actual expenditures required to address its legislated mandate. From 2008/2009 to 2014/2015 the Board's allocation was been fixed at $4,800,700. Historically, the Board has experienced annual pressures of approximately $1 - $1.5M since 2000/2001 due primarily to an ongoing increase in caseload, a factor over which the Board has limited control.

For the 2015/2016 fiscal year the Board was provided with an enhanced allocation. The new allocation of $6,710,700 is a 40% increase over previous years and exceeds the actual expenditures of any previous year. The entire increase is contained within Other Direct Operating Expenses (ODOE), with no additional allocation provided for Salary & Wages, where a deficit remains.

Although actual expenditures are up, this increase is outpaced by the increase in caseload. In the past 10 years actual expenditures increased 39% however the number of applications to the Board increased 57%.

The Board continues to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate. The expansion of the use of videoconference hearings, for example, allowed the CCB to realize an estimated cost avoidance of between $1-$2M in 2015/2016 through decreased per diem, travel and ancillary service provider costs.

Financial Expenditure Report (April 1, 2015 to March 31, 2016)

	Allocation	Actual Expenditures	Surplus (Deficit)
DIRECT OPERATING EXPENSE			
Salaries and Wages	661,200	1,018,248.69	(357,048.69)
Benefits	95,900	142,113.10	(46,213.10)
Subtotal	$757,100	$1,160,361.79	($403,261.79)
OTHER DIRECT OPERATING EXPENSES			
Transportation and Communications	360,000	327,912.00	32,088.00
Services, including Accommodation	5,548,600	4,962,663.76	585,936.24
Supplies and Equipment	45,000	24,985.40	20,014.60
Subtotal	$5,953,600	$5,315,561.16.	$638,038.84
Recoveries / Accruals*		59.995.00	(59,995.00)
TOTAL OPERATING EXPENSES	**$6,710,700**	**$ 6,535,917.95**	**$174,782.05**

* Recoveries and accruals relate to salary, wage and benefit adjustments for staff transferring between ministries and purchases made but not yet billed/paid as of March 31

Consent and Capacity Board Members

As of March 31, 2016

	First Name	Surname	First Appointed	Current Term Expires
Chair				
Ms.	Marg	Creal	March 11, 2015	March 10, 2020
Vice-Chairs				
Vice-Chair Lawyer Members				
Ms.	Judith	Jacob	January 24, 2001	April 02, 2017
Mr.	Michael	Newman	April 02, 2008	April 01, 2018
Ms.	Susan	Opler	June 14, 2005	November 20, 2017
Ms.	Lora	Patton	August 28, 2013	August 27, 2018
Vice-Chair Psychiatrist Members				
Dr.	Rajiv	Bhatla	April 04, 2007	March 31, 2017
Dr.	Gary	Chaimowitz	July 15, 2005	July 03, 2017
Vice-Chair Public Members				
Mr.	Earl	Campbell	July 17, 2013	July 16, 2018
Mr.	Panos	Petrides	June 20, 2007	June 19, 2016
Mr.	Gary	Strang	January 15, 2016	January 14, 2018
Lawyer Members				
Ms.	Grace	Alcaide Janicas	October 23, 2013	October 22, 2018
Mr.	Joseph	Baker	December 15, 2005	December 14, 2016
Ms.	June	Bell	September 06, 2006	September 05, 2016
Ms.	Ronda	Bessner	August 13, 2014	August 12, 2016
Ms.	Susan	Bigelow	June 15, 2010	June 14, 2016
Ms.	Elisabeth Margaret	Bruckmann	June 20, 2012	June 19, 2017
Ms.	Sally	Bryant	April 18, 2011	April 17, 2021
Ms.	M. Krista	Bulmer	April 15, 2015	April 14, 2017
Ms.	Mary	Campigotto	May 02, 2007	May 01, 2017
Ms.	Monique	Charlebois	December 02, 2015	December 01, 2017
Mr.	Frederick	Chenoweth	January 28, 2015	January 27, 2017
Mr.	Brian	Chillman	January 15, 2016	January 14, 2018
Ms.	Suzanne	Clapp	October 30, 2013	October 29, 2018
Mr.	Albert	Cohen	December 02, 2015	December 01, 2017
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2016
Mr.	Ronald C.E.	Dabor	March 18, 2015	March 17, 2017
Mr.	Paul	DeVillers	March 29, 2006	March 28, 2019
Ms.	Dianne	Ewer	January 15, 2016	January 14, 2018

Mr.	Normand	Forest	December 12, 2001	December 11, 2016
Mr.	Ronald	Franklin	December 02, 2015	December 01, 2017
Ms.	Amanda	Fricot	January 15, 2016	January 14, 2018
Ms.	Kathleen	Gowanlock	April 15, 2015	April 14, 2017
Mr.	John	Hanbidge	January 15, 2016	January 14, 2018
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2016
Mr.	Michael	Horan	March 19, 2014	March 18, 2019
Mr.	Albert	Hubbard	July 04, 2001	July 03, 2016
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2016
Mr.	Robert	Karrass	November 04, 2015	November 03, 2017
Ms.	Shayne	Kert	March 24, 2004	March 23, 2017
Ms.	Erin	Lainevool	June 20, 2007	June 19, 2016
Ms.	Rekha	Lakra	May 08, 2013	May 07, 2018
Ms.	Michele	Lawford	September 15, 2010	September 14, 2017
Mr.	Roger	Leclaire	February 21, 2007	February 20, 2017
Ms.	Nina	Lester	June 17, 2009	June 16, 2019
Mr.	John	Liddle	January 15, 2016	January 14, 2018
Ms.	Karen	Lindsay-Skynner	April 03, 2002	July 20, 2016
Ms.	Nancy	Macivor	April 02, 2014	April 01, 2016
Ms.	Linda	Martschenko	January 15, 2016	January 14, 2018
Mr.	Cezary	Paluch	December 02, 2015	December 01, 2017
Ms.	Judith	Pascoe	May 04, 2005	May 03, 2016
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2021
Mr.	Shashi	Raina	December 09, 2015	December 08, 2017
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2017
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2018
Mr.	Ross	Stewart	February 24, 2016	February 23, 2018
Mr.	Glenn	Stuart	November 04, 2015	November 03, 2017
Ms.	Winnie	Tse	December 02, 2015	December 01, 2017
Ms.	Shirley	Wales	March 23, 2005	March 22, 2019
Mr.	Eugene	Williams	January 05, 2006	January 04, 2019
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2019
Dr.	Yuri	Alatishe	March 19, 2014	March 18, 2019
Dr.	Federico	Allodi	February 21, 2001	April 22, 2016
Dr.	Halszka	Arciszewska	June 17, 2015	June 16, 2017
Dr.	Donald	Braden	October 06, 1999	October 17, 2016
Dr.	Robert	Buckingham	October 09, 2013	October 08, 2018
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2019

Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2017
Dr.	Peter	Cook	July 04, 2001	July 03, 2016
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2017
Dr.	Jack	Ellis	August 10, 2006	August 09, 2016
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2017
Dr.	Russel	Fleming	June 05, 1996	June 04, 2016
Dr.	Jane	Fogolin	February 26, 2014	February 25, 2019
Dr.	Alison	Freeland	May 30, 2006	May 29, 2019
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2019
Dr.	Rose	Geist	February 27, 2008	February 26, 2018
Dr.	Balaji	Gopidasan	March 09, 2016	March 08, 2018
Dr.	R. Andrew	Hackett	March 18, 2015	March 17, 2017
Dr.	Karen	Hand	May 04, 2011	May 03, 2021
Dr.	Tom	Hastings	December 06, 2006	December 05, 2016
Dr.	Daniel	Hertzman	November 04, 2015	November 03, 2017
Dr.	Walter	Hoe	January 15, 2016	January 14, 2018
Dr.	Gary	Kay	September 08, 2015	September 07, 2017
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2017
Dr.	Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2017
Dr.	Stephen	List	May 03, 2006	May 02, 2019
Dr.	Eric	MacLeod	June 06, 1968	April 02, 2017
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2019
Dr.	Paul	Max	June 30, 2000	August 09, 2016
Dr.	Robert	McCurley	April 14, 2010	April 13, 2020
Dr.	Rosemary	Meier	June 01, 1986	April 02, 2017
Dr.	Jay	Nathanson	January 29, 2014	January 28, 2017
Dr.	George	Papatheodorou	November 04, 2015	November 03, 2017
Dr.	Sujay	Patel	October 02, 2013	October 01, 2018
Dr.	John	Pellettier	October 02, 2002	November 01, 2018
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2017
Dr.	Martina	Power	April 09, 2014	April 08, 2019
Dr.	Priyadarshani	Raju	May 13, 2015	May 12, 2017
Dr.	Vivian	Rakoff	August 25, 2004	August 24, 2016
Dr.	Edward	Rotstein	June 06, 2007	June 05, 2017
Dr.	Gerald	Shugar	July 04, 2001	July 03, 2017
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2017
Dr.	Peter	Stenn	November 06, 2013	November 05, 2018
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2017
Dr.	Michele	Tremblay	November 20, 1992	April 02, 2016

Dr.	Samuel	Waldenberg	February 10, 2016	February 09, 2018
Dr.	James	Wilkes	July 04, 2001	July 03, 2017
Dr.	Si-Ann	Woods	February 21, 2007	February 20, 2017
Dr.	Carolyn	Woogh	October 09, 2013	October 08, 2018
Public Members				
Mr.	David	Boothby	November 29, 2006	November 28, 2016
Mr.	Larry	Brigham	March 09, 2016	March 08, 2018
Ms.	Pat	Capponi	April 06, 2011	April 05, 2021
Ms.	Joanna	Cutaia-Beales	February 10, 2006	February 09, 2017
Ms.	Dawn	Eccles	May 17, 2006	May 16, 2016
Mr.	Scott	Gale	November 10, 2005	November 09, 2016
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2021
Ms.	Jennifer	Hamilton	April 15, 2015	April 14, 2017
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2018
Ms.	Ileen	Howell	February 17, 2010	February 16, 2020
Mr.	Slavo	Johnson	April 14, 2010	April 13, 2020
Ms.	Janice	Laking	July 11, 2001	October 04, 2016
Ms.	Heather	Lareau	April 26, 2006	April 25, 2018
Ms.	Barbara	Laskin	February 10, 2006	February 09, 2018
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2016
Ms.	Linda	Leong	November 17, 2005	November 16, 2016
Ms.	Nechita	Lim-King	March 07, 2007	March 06, 2017
Mr.	Duncan	MacPhee	April 11, 2007	April 10, 2017
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2020
Mr.	George	Maroosis	July 05, 2007	July 04, 2016
Ms.	Joy	Martin	March 01, 2006	February 28, 2017
Mr.	David	McFadden	February 24, 2016	February 23, 2018
Ms.	Constance	McKnight	September 08, 2009	September 11, 2019
Mr.	Donald	McLeod	February 27, 2008	February 26, 2018
Ms.	Patricia	Muldowney-Brooks	February 03, 2006	February 02, 2018
Ms.	Patricia	Ostapchuk	January 28, 2015	January 27, 2017
Mr.	Paul	Philion	December 18, 2001	December 17, 2016
Ms.	Susan	Qadeer	October 21, 2015	October 20, 2017
Ms.	Maureen	Ralph	July 22, 2015	July 21, 2017
Mr.	David	Simpson	November 18, 2009	November 17, 2019
Mr.	Andrew	Skrypniak	February 24, 2016	February 23, 2018
Ms.	Lorraine	Steadman	February 03, 2006	February 02, 2017
Ms.	Jane	Stone	March 07, 2007	March 06, 2017
Ms.	Joanne	Turner	September 06, 2006	September 05, 2016

Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2017
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2016
Mr.	Anthony	Warr	December 05, 2012	December 04, 2017

Members Reappointed in 2015/2016 using ATAGAA Waivers

First Name		Surname	First Appointed	Current Term Expires
Vice Chairs				
Mr.	Earl	Campbell	July 17, 2013	July 16, 2018
Ms.	Lora	Patton	August 28, 2013	August 27, 2018
Lawyer Members				
Ms.	Grace	Alcaide Janicas	October 23, 2013	October 22, 2018
Ms.	Susan	Bigelow	June 15, 2010	June 14, 2016
Ms.	Suzanne	Clapp	October 30, 2013	October 29, 2018
Mr.	Paul	DeVillers	March 29, 2006	March 28, 2019
Mr.	Normand	Forest	December 12, 2001	December 11, 2016
Mr.	Michael	Horan	March 19, 2014	March 18, 2019
Mr.	Albert	Hubbard	July 04, 2001	July 03, 2016
Ms.	Shayne	Kert	March 24, 2004	March 23, 2017
Ms.	Rekha	Lakra	May 08, 2013	May 07, 2018
Ms.	Michele	Lawford	September 15, 2010	September 14, 2017
Ms.	Judith	Pascoe	May 04, 2005	May 03, 2016
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2021
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2018
Ms.	Shirley	Wales	March 23, 2005	March 22, 2019
Mr.	Eugene	Williams	January 05, 2006	January 04, 2019
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2019
Dr.	Yuri	Alatishe	March 19, 2014	March 18, 2019
Dr.	Robert	Buckingham	October 09, 2013	October 08, 2018
Dr.	Peter	Cook	July 04, 2001	July 03, 2016
Dr.	Jane	Fogolin	February 26, 2014	February 25, 2019
Dr.	Robert	McCurley	April 14, 2010	April 13, 2020

Dr.	Jay	Nathanson	January 29, 2014	January 28, 2017
Dr.	Sujay	Patel	October 02, 2013	October 01, 2018
Dr.	Peter	Stenn	November 06, 2013	November 05, 2018
Dr.	Carolyn	Woogh	October 09, 2013	October 08, 2018
Public Members				
Ms.	Joanna	Cutaia-Beales	February 10, 2006	February 09, 2017
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2021
Mr.	Slavo	Johnson	April 14, 2010	April 13, 2020
Ms.	Janice	Laking	July 11, 2001	October 04, 2016
Ms.	Barbara	Laskin	February 10, 2006	February 09, 2018
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2020
Ms.	Joy	Martin	March 01, 2006	February 28, 2017
Ms.	Patricia	Muldowney-Brooks	February 03, 2006	February 02, 2018
Mr.	Paul	Philion	December 18, 2001	December 17, 2016
Ms.	Lorraine	Steadman	February 03, 2006	February 02, 2017